MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
C990 1137	07-10-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1				51							
2		1		1			52							
3		1		1			53							
4		1		1			54							
5		1		1			55							
6		1		1			56							
7	1		1				57							
8		1					58							
9		1					59							
10		1					60							
11	1		1				61							
12		1					62							
13		1					63							
14		1					64							
15		2		2			65							
16		2					66							
17							67							
18							68							
19							69							
20		1		1			70							
21		1		1			71							
22		2					72							
23		1					73							
24		1					74							
25	1		1				75							
26		1		1			76							
27		1					77							
28	1		1				78							
29		1		1			79							
30		1		1			80							
31		2					81							
32		2					82							
33			1				83							
34				1			84							
35			1	1			85							
36			1				86							
37				1			87							
38				1			88							
39				1			89							
40				1			90							
41				1			91							
42				1			92							
43				1			93							
44			1	1			94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	5		8				TOTAL IND.							
TOTAL DEP.	3		41				TOTAL DEP.							
TOTAL CLAIMS	22		49				TOTAL CLAIMS							

39   49

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS